



# APPLICATION FOR ADMISSION

## INTERNATIONAL MEMBERSHIP

### LEVELS OF MEMBERSHIP

There are four levels of Membership:

#### **(1) ATMA CERTIFIED BOOKKEEPER – (ATMA CBK)**

Bookkeepers who have completed a Certificate IV in Financial Services are invited to join the ATMA at this level. This level has been created to assist bookkeepers who wish to undertake, or are currently undertaking limited bookkeeping activities including BAS services and meets the existing requirements of Subsection 251L(6) of the Income Tax Assessment 1936. ATMA CBK provides a commitment to high standards, professionalism, recognition and status for self employed bookkeepers, payroll officers, BAS service providers, assistant accountants, accounts payable/receivable officers and other accounting support staff.

#### **(2) ASSOCIATE – (ATMA)**

For Accountants who have completed a TAFE Advanced Diploma in Accounting; or Graduates with degrees in Administration, Banking and Finance, Law, Local Government, Management or Marketing.

#### **(3) MEMBER – (MTMA)**

For Accountants who have completed a Degree with an Accounting Major from an Australian University or College of Advanced Education.

#### **(4) FELLOW – (FTMA)**

For Accountants who fulfil the conditions for admission as a member **and** have been qualified for 10 years or more; or Accountants who have completed post graduate qualification leading to a Masters Degree, or holders of Post Graduate Diplomas with an Accounting emphasis.

'ATMA CBK' must have completed a Certificate IV in Financial Services (accounting/bookkeeping), or already be registered as a BAS Service Provider.

'ASSOCIATES' must complete a Professional Upgrade Program (PUP) at an Australian University within five (5) years of joining the ATMA to advance to 'MEMBER' status.

'MEMBERS' may advance to 'FELLOW' status by either applying for an upgrade after they have been qualified for 10 years or more, or by completing post graduate studies leading to a Masters Degree or Post Graduate Diploma with an Accounting emphasis.

For admission to the ATMA every applicant shall:

- Apply in writing on the prescribed form and pay the prescribed fee for admission;
- Provide documentary evidence of being the holder of Australia Tertiary qualifications approved by General Council or of overseas qualifications approved by General Council;
- Comply with such other conditions and possess such other qualifications as determined by General Council

AMTA members in Public Practice are required to hold a Public Practice Certificate (PPC).

ATMA members entering Public Practice are required to complete the ATMA PPC program before a PPC will be issued.

**Membership runs 1<sup>st</sup> January – 31<sup>st</sup> December each year.**

### QUESTIONS?

Should you have any questions regarding this application please contact the Membership Administrator, on telephone + 61 2 9744 3153 or via email [membership@atma.com.au](mailto:membership@atma.com.au).

**PERSONAL DETAILS**

Title Mr  Mrs  Ms  Miss  Other

Surname

Given Name/s

Preferred form of given name

Date of Birth Day  Month  Year

**HOME ADDRESS DETAILS**

Address

Suburb

Postcode

Home telephone  Home Facsimile

Home email

**PREFERRED POSTAL DETAILS**

Address

Suburb

Postcode

Preferred email

**EMPLOYMENT / BUSINESS DETAILS**

Company Name

Address

Suburb

Postcode

Position

Telephone no.

Work email

Period of employment  Mobile No.

**PREVIOUS POSITIONS**

APPOINTMENTS	NAME OF EMPLOYER	NATURE OF BUSINESS	FROM	TO

**TERTIARY QUALIFICATIONS**

Qualification

**PROFESSIONAL ASSOCIATION MEMBERSHIP**

Professional Association/Body Name	Membership Status	Date Joined

**HOW DID YOU HEAR ABOUT THE ATMA?**

Referral by ATMA member  Members Name

ATMA Website  Yellow Pages  ATMA Journal

Direct Mail  Advertisement in

**DECLARATION**

I hereby declare that:

1. The information supplied in this application form (on all pages and attachments) is true and correct.
2. I have/have not been refused admission to the ATMA or any other Professional Body.
3. I have not had any Statutory Registration or Professional Body membership cancelled.
4. I am not a bankrupt.
5. I understand that this application must be accompanied by the joining fee to cover the costs associated with processing the application and I understand that this fee is not refundable under any circumstances.
6. I authorise the ATMA to publish my name in the ATMA Journal – Tax Practice.

**NOTE:** In the event of any such refusal or cancellation of membership or registration full particulars must accompany this application.

Signature  Date

**DOCUMENTATION TO BE INCLUDED WITH APPLICATION FORM**

1. An original statement of Academic record, showing subject/s passed and qualification awarded. (A certified copy will be sufficient).
2. Copy of Registered Tax Agents Certificate (if applicable)
3. Copy of Registered Company Auditor Certificate (if applicable)
4. Copy of Public Practice Certificate (if one held)
5. Reference from present employer.
6. Reference as to character.

**LEVEL OF MEMBERSHIP REQUIRED**

Certified Bookkeeper  Associate  Member  Fellow

**PAYMENT – TAX INVOICE**

Please enclose your payment with your application.

Please charge my:

American Express  Diners Club  Mastercard  Visa

Card Number

Expiry Date     CCV

Credit Check Value (CCV) – FOR MASTERCARD & VISA ONLY – found on the signature strip on the back of your card. It is the last 3 digits following your credit card number. **WE CANNOT PROCESS YOUR PAYMENT WITHOUT THIS NUMBER.**

Cardholders name

Cardholders signature

Date

Joining Fee (AUD) \$ 

260	00
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Membership fee (AUD) \$ 

240	00
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Add 2009/2010 Public Practice Certificate Fee (if applicable) (AUD) \$ 

310	00
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**TOTAL TO BE DEBITED/CHEQUE ENCLOSED (AUD) \$**

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(This Tax Invoice Includes GST)

**NOTE: Any new member requiring a Public Practice Certificate will need to complete a PPC Workshop within 12 months of joining.**

**Please also be advised that if you hold a PPC and would like to undertake audits of Self Managed Super Funds (SMSF's) you will need to complete an SMSF Audit Workshop.**

**SEND COMPLETED APPLICATION TO**

Please send completed application accompanied by payment to the following address:

Membership Administrator  
 Association of Taxation &  
 Management Accountants  
 GPO Box 195  
 SYDNEY NSW 2001

**NATIONAL OFFICE**

Association of Taxation  
& Management Accountants  
Suite 2E, 9 Burwood Road  
BURWOOD NSW 2134  
Ph: + 61 2 9744 3153  
Fax: + 61 2 9744 3154



*Since 1985*

**ABN 32 002 876 208**